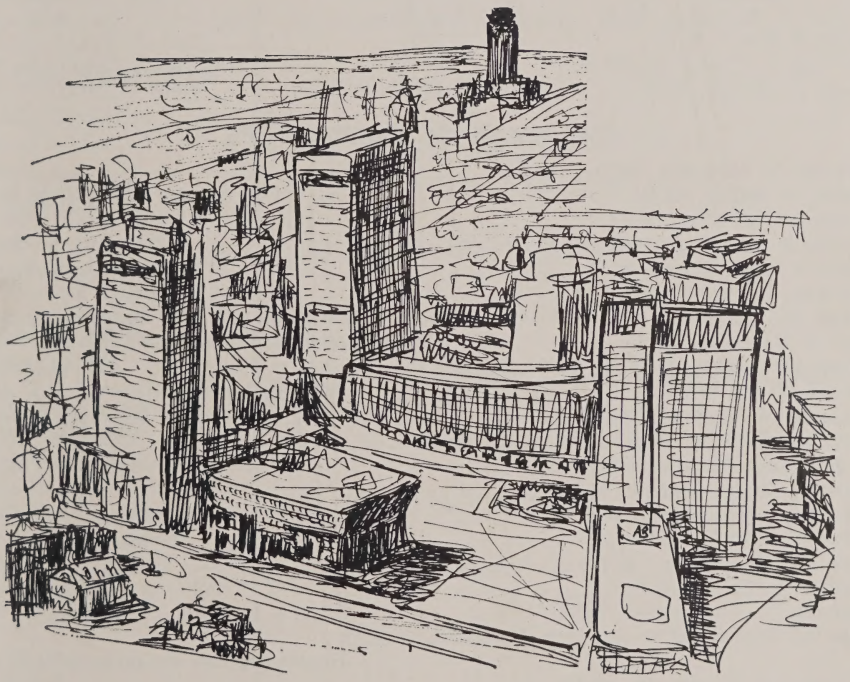
The Hampden Hippocrat

MARCH 1971



LEGISLATIVE ISSUE

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VOL. XXVII, NO. 3 MARCH 1971

CONTENTS

ANOTHER SEASON 4

LEGISLATIVE HOPPER 6

SPEAK YOUR PIECE 10

PRESIDENT'S PAGE
MEDICINE AND LAW 14

HDMS EXECUTIVE COMMITTEE 15

SAM MEDICAL LIBRARY 16

FEES – SOMETHING OLD, SOMETHING NEW . . 17

MMS COUNCIL MEETING HIGHLIGHTS 21

HAMPDEN CAPSULES 27

CORRESPONDENCE 28

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Medical Society

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ANOTHER SEASON

by
JAMES D. ALLEN, M.D.
HDMS LEGISLATIVE COUNCILOR

Most physicians average about seventy hours of medically related work a week, plus or minus ten hours, depending upon the amount of time they devote to keeping up with their special field or to duties involving the functioning of the medical community. It is to this latter aspect that I wish to direct my comments.

By agreeing with the Nominating Committee a couple of years ago that I should become your legislative councilor, you actually took me out of the smug group of physicians whose credo is: "Let George do it." Believe me, it would be a great relief if I could once again join the critics on the sidelines, but, having once been involved this is no longer possible.

Those of you who have not had the duties of the Medical Society thrust upon you will not fully understand, but I can tell you that your officers, chairmen and councilors, on the whole, do a tremendous job and, if they fail, it is largely because *your support* is missing.

Therefore, in your own behalf, please re-examine the philosophy of "Let George do it" and try helping whenever your help is needed.

The feeling that "you can't fight City Hall" has always been present among my colleagues here in Massachusetts for the past fifteen years and in New Jersey, prior to that, when their first real attempt at a medical school was faltering, and I suppose it has been true for physicians in all centuries. Today we are living in a very *dynamic* society which desperately needs your guidance in health care and *many* other social problems. Without our help, civilization will decay faster than some of our newest isotopes. With our guidance, civilization will continue to blossom, hopefully, and improve the lot of Mankind.

To repute the attitude of negativism, one only need scan our historical background, for it is a truism that each one of you can alter the course of history and, thereby, alter civilization. It only requires a rational approach, initiative and perseverance. However, collectively, through a society, our joint aims can be accomplished more rapidly and effectively at a time when it is important to be current.

With this lengthy preamble, I would now like to give the annual report of *your* legislative committee.

We have had a hard job following in the foot steps of Drs. Karel S. Susat and Robert W. Emery, but theirs was a good tradition to emulate. Each year the March issue of *The Hippocrat* has published the "Legislative Hopper" and these bills have been screened from approximately 8,000 bills filed with the General Court. Those dealing with medical practice, drugs, mental health, safety, public health, medicolegal and quackery have been studied in detail by the MMS Committee on National and State Legislation. Each district is represented on this committee, and there is almost 100% attendance. The following also attend this meeting: President of the Society, Lamar Soutter; the President-elect, H. Thomas Ballantine, Jr.; the Legislative Counsel, Charles J. Dunn; Executive Secretary, Everett R. Spencer, Jr.; Associate Director of Public Relations, John D. Noonan; and this year our own Mrs. Purdy was also present. District presidents and other groups interested in particular pieces of legislation appear to give their views. These matters are deliberated with great sincerity, integrity and expression of the opinion gleaned from their various districts. There is frequently much debate, but we always hope that reason has prevailed.

Thus, we studied and discussed approximately sixty bills at length. Of this number, twenty-one were in the best interests of the people of the Commonwealth and shall be vigorously supported at hearings and with individual members of the General Court. Twelve bills, being contrary to quality health care, will be opposed. You must remember that the decisions of this committee do not constitute "political muscle", as you might say, since the Medical Society has *no funds* to put into any legislator's "expense account". Those of you who are naive enough to imagine that a representative of the people can perform properly on his present salary over such a long period of time are being unrealistic. Many must supplement their income with other occupations, which adds a considerable burden. Every two years they must run for re-election and you are all aware of the expensive nature of campaigning. I do not have any simple answer to this problem, but felt you should realize the problems of our representatives.

The type of bills which are of particular interest to the Society have hearings before the following committees of the General Court: Social Welfare, Education, Judiciary, Public Safety, Insurance, and Commerce and Labor. Many will have been heard by the time you read this, but you will not be too late to write letters or call your representatives about the bills in which you have a particular interest, but I suggest that you act now. Of particular interest to the Society are: H 465, 466, 467 and 468; S 1019; H 199, H 194, H 2914 and I direct your attention to them. Should you require further information, either I or one of your local committee will be glad to assist.

I would like to make one final point. If each and every member of the district society were registered voters and made it a point to vote in each and every election, and if their wives followed the same practice, your representatives would know and the crescendo of your collective voices would increase. A few donations during election time will also make their mark.

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LEGISLATIVE HOPPER

The following are some of the bills under consideration this year in the General Court of Mass. The number of the bill, a brief description thereof, and the recommendations made by the MMS Legislative Committee are given. For more information, Dr. James D. Allan, Chairman of the HDMS Legislative Committee or the Society's office should be contacted.

SUPPORT

S 647 – To facilitate establishment of eligibility for health care benefits. (Robert Gladwin – James A. Kelly) Judiciary.

This protects physicians and hospitals (or their agents) from libel, etc., for providing information re. diagnosis, treatment or condition to state departments and bureaus which, by law, require such information to determine eligibility of persons for health care benefits.

S 1019 – Relative to the duties of the drug formulary commission. (Mass. State Pharm. Assoc.) Social Welfare.

This removes the responsibility of deciding what generic drugs are therapeutically equivalent to brand name counterparts from the Formulary Commission and places the responsibility on the FDA.

Members of the Commission are: Arthur J. Hadler, M.D., (VA); Richard W. Burak, M.D.; Leo R. Parnes, M.D., (Tufts); Miss Juanita Long, R.N. (Northeastern); George Denmark, Pharmacist.

H 144 – Abolishing the approving authority for colleges and medical schools and permitting the endorsement registration of certain officers of the Armed Forces and of the Public Health Service and certain foreign medical graduates. (Board of Registration in Medicine) Social Welfare.

Rewrites Section 2, Chapter 112, abolishing Approving Authority, abolishing requirements for physics, chemistry and biology on a college level; and with other minor changes plus last year's changes make the regulations realistic.

The Committee approved the bill only if the following were removed from the bill as proposed:

"The Board may make such rules and regulations as it may deem necessary with respect to the registration of physicians, so long as such rules and regulations are not inconsistent with the law."

H 145 – Clarifying the type of registration to be issued to certain physicians. (Board of Registration in Medicine) Social Welfare.

Clarifies "limited registration for the practice of medicine" for interns, residents, fellows, medical officers; and "temporary", which is given to visiting M.D.'s.

H 146 – Granting to the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations. (Board of Registration in Medicine) Social Welfare.

H 190 – To establish a Massachusetts Poison Information Center in the Department of Public Health. (Dept. of Public Health) Social Welfare.

H 192 – Encouraging the care of handicapped children and providing for payment for such care. (Dept. of Public Health) Social Welfare.

H 193 – To establish an immunization program to prevent a serious disease of the newborn, erythroblastosis fetalis. (Dept. of Public Health) Social Welfare.

H 198 – Relating to the licensing of clinical laboratories. (Dept. of Public Health) Social Welfare.

Approved with the recommendation that the following be added:

"A license may be issued to a laboratory which has been certified, accredited, or licensed by a program or agency whose standards are acceptable to

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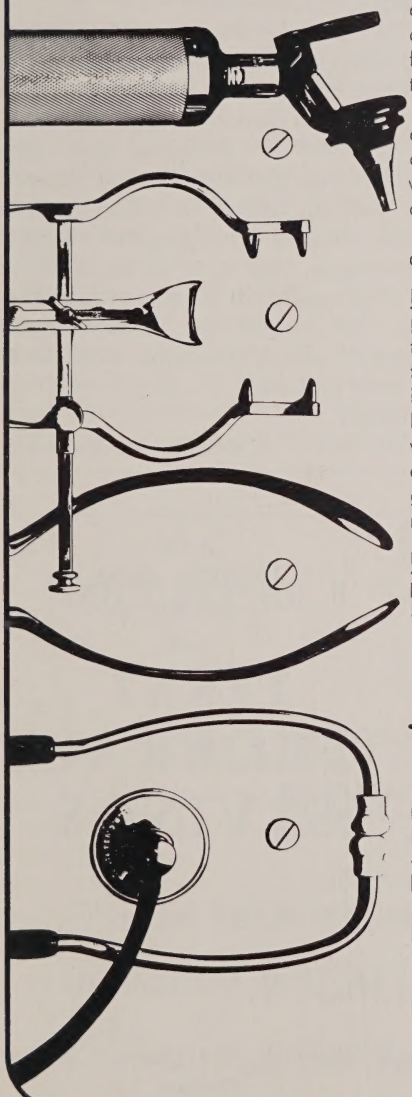

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the Department and considered equal to or more stringent than those established by the Department."

H 212 – To waive the conflict of interest law under certain circumstances for medical consultants to state operated hospitals. (Dept. of Public Health) Social Welfare.

H 227 – Lowering the Prima Facie level of presumption of operating under the influence of intoxicating liquor to ten one hundredths of the percentage, by weight, of alcohol in the defendant's blood. (Dept. of Public Safety) Public Safety.

Lowers present presumption from fifteen one-hundredths or more to ten one-hundredths or more.

H 230 – Requiring analysis of blood samples or other biological specimens in cases of motor vehicle fatalities. (Dept. of Public Safety) Public Safety.

H 321 – Establishing the Uniform Anatomical Gift Act. (Commission on Uniform State Laws) (Also filed by MMS) Social Welfare.

H 401 – Granting Immunity from damages to certain members of Medical committees for official actions taken on behalf of the said committee. (Mr. Feeney for MMS) Judiciary.

H 465 – Relative to Educational requirements of certain professional persons. (Mr. Feeney for MMS) Social Welfare.

H 466 – Relative to examinations given to applicants desiring to Practice chiropractic. (Mr. Feeney for MMS) Social Welfare.

H 467 – Redefining the term "chiropractic" within the requirements of registration of chiropractors. (Mr. Feeney for MMS) Social Welfare.

H 468 – Restricting the practice of chiropractic. (Mr. Feeney for MMS) Social Welfare.

H 466, 467, and 468 remove "x-ray" from current registration of chiropractors legislation.

H 1160 – Abolishing charitable immunity as a defense. (Thomas E. Cargill, Jr.) Judiciary.

H 1932 – To establish a medical advisory board for the Registry of Motor Vehicles. (Registrar McLaughlin) Public Safety. Also filed by MMS.

H 2914 – Providing that certain minors may give consent to the provision of medical, dental, or other health care and providing for emergency health care procedures. (Mann, et al) Social Welfare.

This spells out in detail what minors can be treated for without parental consent and is consistent with the laws already enacted.

OPPOSE

S 280 – Amending the professional

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corporation law. (Neil Chayet) Commerce and Labor.

S 554 – Establishing a Board of Registration of Psychologists (Mr. Kelly, Massachusetts Psychological Assoc.) Government Regulations.

S 1026 – Resolve providing for an investigation and study by a special commission relative to the feasibility of establishing a medical disciplinary board in the Commonwealth (MacKenzie) Social Welfare.

H 364 – Providing that at least fifteen percent of medical schools membership within the Commonwealth shall be composed of black students. (Mr. Serlin) Education.

H 470 – Providing that minors twelve years of age or older may give their consent to the furnishing of hospital and medical care. (Mr. Sirianni) Social Welfare.

H 474 – Providing that the membership of certain boards and commissions shall have at least two non-professionals or lay persons. (Mr. Serlin) State Administration.

H 1145 – Requiring the Commissioner of Insurance to establish a system of hospital, surgical and medical insurance for residents of the Commonwealth. (Paul Murphy) Insurance.

H 1640 – Requiring physicians, hospital, dispensaries and clinics to report out of wedlock pregnancies of any child under the age of eighteen years to the director of the Division of Child Guardianship in the Department of Public Health. (Viveiros) Social Welfare.

H 1734 – Permitting treatment of minors for drug addiction without parental consent. (Curtiss) Judiciary.

H 2495 – Relative to no unlicensed nursing personnel administering any medication of any form at any time for any reason unless he has completed a course in medication to the satisfaction of the qualified nursing instructor.

H 2586 – Authorizing a five year course for high school graduates at the University of Massachusetts Medical School. (Ed Connelly) Education.

H 2873 – Requiring medical reports on certain persons to be made to the Registrar of Motor Vehicles. (Hatch for AAA) Public Safety.

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1. Be specific and brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, stating particularly how the proposed legislation will affect your community and you;
4. Do not follow form letters or use carbon copies, write each personally and individually stating your own ideas in your own words;
5. Request proper action and ask for an answer;
6. Be appreciative by acknowledging good votes and action;
7. Sign your letters legibly and always include your address.

When writing your legislative representatives, your letters may be directed to their offices. Below is a listing of the areas they represent and where they may be reached.

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Edward M. Kennedy (D)
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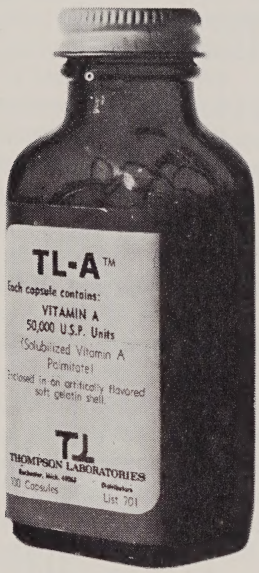

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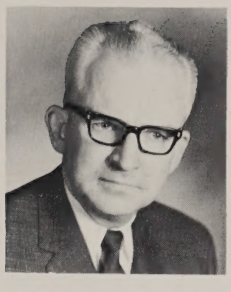

President's Page

MEDICINE AND LAW

The growth of third party responsibility in so many aspects of present day life in the U.S.A. has no doubt contributed greatly to the increased professional contacts between physicians and attorneys. There seems little likelihood that there shall be an early decrease in such contacts and mutual needs of the two professions. A medico-legal code which is now being completed has been created after much thought and exchange from representatives of the Hampden County Bar Association and the Hampden District Medical Society. This code will serve as a reference to define routine practices and will enhance ease of communication and understanding. The sustained efforts of Kent Smith, Esq. and other representatives of the Bar Association are gratefully acknowledged.

Increased complexity of tax laws and of partnership or corporate relationships of physicians serve to increase the need of the physician for legal advice. No doubt these trends in recent years have added appreciably to the well-earned revenues of the legal profession and have generally been sources for congeniality and mutual respect between the two professions.

Unfortunately, malpractice litigation is a less serene area of concern relating to medicine and law. A subcommittee headed by Senator Ribicoff has issued a report and the Public Health Service has committed itself to gather statistics for an initial evaluation of this crisis. In some areas malpractice premiums have increased ten fold in a decade.

In Canada, malpractice costs are much lower. Contingency has been unethical for some fifty years. Most Canadian doctors belong to a professional mutual defense league. In any case involving technical knowledge, the defendant has the option of being heard by a judge instead of a jury.

In recent years malpractice hazards have forced or hastened retirement of physicians. Still other physicians have chosen to accept positions not involving direct patient care. Some experts favor a form of "no fault" coverage similar to that now regulating Massachusetts auto accident cases. The Ribicoff study suggests a possibility of the Federal government establishing a re-insurance pool. If the trend of the past decade continues, some solution must be found.

John W. Turner

John W. Turner, M.D.

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HIGHLIGHTS OF THE FEBRUARY EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday evening, February 16, 1971, in the Conference Room of the HDMS. The meeting was called to order at 8:10 P.M. by Dr. Turner, President.

Present were Drs. Turner, Moore, Zacarian, Goldberg, Kelly, Gilchriest, Bandeian, and Mrs. Purdy.

The minutes of the January meeting, as read by Dr. Zacarian, were approved after two corrections.

OLD BUSINESS

The Springfield Academy of Medicine expressed their appreciation of the invitation to join in with HDMS on the benefit musicale that Dr. Parenteau is planning for the future.

The AMA answered inquiries about the "Drug Utilization and Drug Utilization Review and Control" and it was voted to file this.

The Medico-Legal Code written last year by the Medico-Legal Affairs Committee was discussed. It was decided that Dr. Hahn, Chairman of this committee, be invited to attend the next meeting to clarify some points of this code before accepting it as written.

The resolution on Blue Shield that was presented last year was again submitted to MMS and Dr. Gephart answered that this would be referred to the Executive Committee.

Mrs. Purdy told the Committee that the new Holyoke area telephone book was received and that the emergency medical service telephone number was listed in the "Yellow Pages" inspite of all the correspondence about this last November. The telephone office of Holyoke has assured Mrs. Purdy that the company would intercept these calls and direct them during this new year to 736-0661. A letter of confirmation from Mr. Phillips of the Holyoke office will be sent to HDMS.

Dr. Gephart has asked for suggestions of names of members of HDMS who are interested in serving on committees of MMS.

Mrs. Purdy gave the office report which included a further report of the meeting in Chicago, which was informational about supplementary income.

Dr. Turner appointed an ad hoc committee to study Foundations for Medical Care. The members are Dr. Simpson, Chairman, and Dr. Mozden and Dr. Stoler.

The meeting was adjourned at 9:10 P.M.

The Grievance Committee met and heard three cases.

The meeting was adjourned at 9:30 P.M.

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There are over 300 different serial publications on the shelves of the Springfield Academy of Medicine's Library. Of this total, over 190 are received on a current basis.

This listing can all be found in the first edition of the *Journal and Book List* published by the Academy and released to the members in the February mailing. Initial response from the member physicians has been most favorable.

As this first attempt was several months in process, with stencils, mimeographing, collating, and binding worked into a busy routine, the annual acquisitions of the fall were not included in the original list. This list of addenda was mailed to members with the March mailing. A pocket has been provided for these semi-annual lists inside the front cover of the original listing. Included in both journal and book lists are the various gifts of members. Many journals are received on a regular basis from member physicians, and this is encouraged by the Library Committee. Dental journals are desperately needed by the Library. Anyone wishing to donate may check with Mrs. Lund at the Library (734-5445) to verify the need for a title.

The Library Committee hopes this list and the subsequent acquisition lists will keep members informed of the material available. As a reminder, titles not held by the Academy may be ordered for photoprint or loan of the original by contacting the Library.

THE NEXT MEETING of the SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, APRIL 13, 1971
at the

WESTERN MASSACHUSETTS HOSPITAL
WESTFIELD, MASS.

SPEAKER: Hugh R. K. Barber, M.D.
Lenox Hill Hospital
New York City

TOPIC: "Rationale For Surgery For Gynecologic Cancer"

SCHEDULE: Clinic at 5:00 P.M.
Dinner at 6:00 P.M.
(Courtesy of the hospital)
Lecture at 7:00 P.M.

Reservations must be made by Monday, April 12, 1971, by calling Mrs. Mildred Lund at 734-5445.

FEES — SOMETHING OLD, SOMETHING NEW

Traditionally, physicians have charged whatever fees they pleased for the services they rendered. The size of the fees have been determined by such factors as what "the traffic would bear" (from nothing to relatively high levels with a tinge of the Robin Hood principle to rationalize for the latter), what colleagues charged, and what ego demands felt was equitable in the light of specific skills manifested as self or peer determined. Moreover, the arrangement has always been strictly a patient-physician relationship and considered even to be part of the therapeutic process. With the advent of third party payees and intermediaries under the altruistic intent of preserving human dignity by assisting those with low or modest incomes to meet their obligations to physicians through the mechanism of pooling funds and sharing risks, the seeds of fee control were sown. Physicians not only accepted but abetted these innovations because they lent some predictability to their incomes. However, physicians were ever mindful to retain certain prerogatives in terms of fee range limits based on the above mentioned factors inspite of such evolving controls as fixed fee schedules for certain under income levels, indemnity fee schedules, deductibles and coinsurance, assignments devoting payment in full, and periodic renegotiation of fee schedules on the basis of cost of living increases. Not all progressed smoothly, but third party payees and physicians learned to live together and prosper to a greater or lesser degree.

CHANGE

In the past decade, this not too stable equilibrium began to really teeter because of such developments as monetary inflation, the explosion of scientific knowledge with its accompanying great expectations and demands, and the adoption of sociological concept of good health as an inherent right with equal access to and share of the optimum attainable for all. The Federal Government, contributing as well as responding to all this, got into the act by establishing the Medicare and Medicaid programs and thereby increased expectations and demands beyond the nation's capability to provide in terms of facilities, personnel, and funds. As a result of such a small supply and great demand, costs and prices in the entire health care industry have been rising continuously and rapidly. Inspite of all this, the Federal Government intends to add more fuel to the flames by establishing such a scheme as to insure everyone against the costs of catastrophic illness or injury, by revising Medicaid, and by other programs which eventually or suddenly might end up in a national health insurance program.

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Where do physicians stand in regard to all this, particularly insofar as the traditional fee-for-service principle pertains?

CONTROLS

Health planners are wagging their heads and castigating physicians because the latters' fees have been rising at an annual average rate of 6.7% since 1965. The Medicare law established the precedent of usual, customary, and reasonable fees, but the Federal Government has been chipping away at the reimbursement formula by continually lowering the upper limits of the range of fees. From a beginning upper limit of the 90th percentile, this has been chopped to the current 75th percentile. Who is to say that there will not be any further cuts by bureaucratic decree or Congressional action? Regional charge variations are being exploited by insistence on regional variations for reimbursement. Soundings of physician reaction to limiting newly established or relocating physicians to an upper limit of a 50th percentile for reimbursement are being made. Congress is considering even now to tie Medicare fee increases to a formula based on prices, earnings, and costs. Moreover, Congress may even pass shortly an all-assignment Medicare amendment. This would in effect create a class of Medicare participating physicians, who would accept Federal Government allowances as payment in full. The ultimate fee control approach would be the adoption of a universal fixed fee schedule for Medicare patients; however, this does not seem to be meeting with overall favor currently because of the many difficulties envisioned in administration and particularly in potential detriment to the consumer.

Do these precedent setting fee controls on the part of Medicare sound familiar? As a matter of fact, many have been savored long before the Federal Government's intervention in paying for physicians' services under the Medicare and Medicaid programs. Recall Blue Shield's Plan A, Plan B, and the "Participating Physician's Agreement". Recall the State and local welfare departments' fee schedules, prior approvals, limitations, requirements, etc. Who really set the precedents first? Who is claiming that its own programs must conform to the Federal Government's precedent setting edicts?

HMO

There are on the other hand those reformers who contend that the health-care system needs a top-to-bottom restructuring and not just the placing of curbs on fees. The current darling of those with this viewpoint is the Health Maintenance Organization. The latter is a term for a group practice prepayment plan intended to offer more or less comprehensive coverage of doctor office as well as hospital services and including periodic health examinations, immunizations, eye refractions and other services emphasizing prevention, rehabilitation, and continuity of medical care. The HMO's fundamental economic distinction lies in method of payment, namely, capitation. By this is meant that rather than reimbursement by fee for

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service, physicians and hospitals would accept responsibility for services specified in a health plan contract and would receive a single payment for the person and period covered. It is claimed that the HMO can deliver better quality care at less cost because of its better organization and concentration on early diagnosis and treatment on an ambulatory basis rather than the utilization of expensive inpatient facilities for diagnosis and treatment of severely ill patients on an episodic basis. Moreover, there are "built-in incentives" for providers of service to utilize the most efficient and practical procedures with an eye to economy. The Kaiser-Permanente system is held up as ideal example. That the Federal Government is impressed with this approach, there is no question since Congress in 1970 amended Medicare to accept the HMO as an alternate means of financing, organizing, and delivering medical care to the aged. Even President Nixon in his recently delivered Health Message to Congress called for a wide range of incentives to encourage the development of the HMO.

What makes the HMO so attractive to the planners? It promises a millenium at a predictable cost – comprehensive health care with built in economies and satisfactions for the consumer and providers of health services. Forgotten is the relativity of comprehensiveness which depends on a variety of resources – facilities, manpower, and funds. Forgotten is the waste inherent in bigness and bureaucracy. Forgotten is the pride of the consumer and the provider in terms of independence, aspiration, dignity, and other similar personally held values that make for a more satisfying life.

Financially, to the physician the HMO means a salary potentially prorated, and at best a share in the profits, if any, additionally.

As long as physicians prefer fee-for-service payments, the capitation concept will not take hold nor will the HMO concept proliferate. Physicians, so long as they remain suppliers of scarce services, will determine the method of payment for their services. It is anticipated that the Federal Government's participation in health service delivery programs will grow. With physicians' continued preference for fee-for-service practice, the Federal Government will have to pay physicians by the method they prefer, but it will also increasingly seek to control these fees by various means and to wring out other concessions in the name of quantity and quality controls.

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MMS COUNCIL MEETING HIGHLIGHTS

The stated meeting of the MMS Council was held in Boston on February 10, 1971. Representing HDMS were the following: James D. Allan, Malcolm S. Allan, Augustino G. Asinas, John C. Ayres, Gardner Cox, II, Louis F. DeRose, Elmer F. Franseen, Bernard N. Gilchriest, Donald R. Hayes, Allen S. Johnson, Joseph R. Kelly, Robert N. LaMarche, and Walton E. Stevens. The meeting was called to order by the President, Dr. Lamar Soutter, at 10:15 A.M. with the minutes of the last meeting being accepted as written.

FEES

Dr. Thomas A. Flaherty reporting for the Committee on Tax Supported Medical Care announced that a petition for review of action of the Mass. Rate Setting Commission and declaratory relief was filed in the Superior Court for Suffolk County on November 17, 1970, on behalf of Dr. Louis F. Alfano and Dr. Thomas A. Flaherty and all other physicians providing services to Medicaid beneficiaries in Mass. The petition requests the Court to order the Rate Setting Commission to hold a public hearing and to establish rates of payment for Medicaid patients that will be "adequate, fair, reasonable, non-discriminatory, and non-confiscatory". The Rate Setting Commission was established by the Mass. legislature in 1968 with the prime function of establishing rates of payment for services rendered by physicians to Medicaid patients "at least as often as annually". Despite this requirement, the Commission has neither held hearings nor established rates of payment for physician services since its organization. Physicians are now being reimbursed on the basis of a fee schedule originally established in 1950 and modified slightly in 1957. The fees fail to reflect the

substanital increases in the cost of living over the years, are far below current prevailing fees, and are not "fair and reasonable" as they are required to be by law. This petition is still pending before the Court.

Dr. Louis F. Alfano, chairman of the above committee's subcommittee, rendered a supplemental report wherein he pointed out that within the past week the Mass. Rate Setting Commission had established a temporary fee schedule whereby usual and customary fees would be paid for medical, pediatric, and anesthesiological services. However, surgical services would continue to be reimbursed in accordance with Blue Shield's Plan B fee schedule. The commission reasoned that if surgeons accepted the Blue Shield's Plan B schedule as payment in full for contract holders with annual incomes below certain levels ($5,000 for a single person, $6,000 for a family of 2, and $7,500 for a family of 3 or more), then how could fees higher than this be justified for Medicaid patients. To remedy this situation, Dr. Alfano urged the Council to approve in consort the Executive Committee's action of the previous week, wherein the latter acting in its capacity as the Voting Members of the Blue Shield Corporation voted to lower the income level for "service benefit" contracts (payment in full for services rendered under the Plan B fee schedule to under-income policyholders) to 0. This action was taken in the meeting by the Council. Should the Blue Shield's Board of Directors take positive action in accordance with the vote of the Council and the Voting Members of the Corporation, then the so-called "service benefit" program would become an indemnity program on the basis of the Plan B fee schedule.

Dr. Alfano also urged the Council to retain the services of Arthur D. Little, Inc., on a month-to-month basis with termination of the agreement on a month's notice by either party. This firm's assistance to the Committee in the latter's negotiations with the Rate Setting Commission contributed greatly to the progress made so far, and undoubtedly its services would continue to be needed in the future relationships with the Rate Setting Commission, the Blue Shield, and other third party payees, particularly, in the light of the change-over to the Mass. Relative Value Study. Incidentally, the latter was adopted later on in the Council meeting with up to $10,000 being allowed for publication. Moreover, the Council voted to continue the services of Arthur D. Little, Inc., later on in the meeting.

FINANCES

The Committee on Medical Education again reiterated the ever-increasing need and pressure for continuing education to prove competence in knowledge and delivery of medical care to patients. All this led up to a recommendation that the Postgraduate Medical Institute be granted $50,000 by the MMS for the current year. It was stressed that "a crisis exists if the PMI is to hold its experienced staff and carry on its present commitments in education at several levels". The need for funds has become acute

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The ANNUAL MEETING of HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: Tuesday, April 27, 1971
Business Meeting 6:00 P.M. followed by
Social Hour at 7:00 P.M.
Dinner (Courtesy of the Society) at 7:30 P.M.

PLACE: Chez Josef
Agawam, Mass.

AGENDA: Demonstration of Cardiac Resuscitation
Milton H. Alper, M.D., Anesthesiologist,
Boston Hospital for Women
Annual Report of Officers and Committees
Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

Setrag A. Zacarian, M.D.

Setrag A. Zacarian, M.D.,
Secretary

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because of cutbacks in federal funding; moreover, the need for increased funding from the MMS would be required for many years to come. Objections to this large grant were raised, and suggestions were made for effecting economies by curtailing payroll expenditures for staff and evaluating projects as to essentiality for continuance or initiation. The request for $50,000 was voted down, but with the intercession of the "deans" of the Council a compromise of $35,000 was approved. It is indeed evident that the PMI is destined to be a permanent dependent of the MMS with the denomination of dependency becoming ever greater with age and undoubtedly uncurbed growth.

The Committee on Finance's budget for 1971 was approved with amendments thereto which included a doubling of the annual MMS contribution to the Boston Medical Library ($64,200), a $35,000 grant to the PMI, a $6,000 grant to the Mass. Citizen's Committee for Dental Health, a $12,000 grant to the AMA-ERF ($3,000 for each medical school now operating in Mass.), $7,000 to the Red Cross Blood Bank Building Fund, a $10,000 appropriation for publishing the "1971 Mass. Relative Value Study", and an open-end commitment of approximately $2,500-$3,000 per month for the services of Arthur D. Little, Inc. The Treasurer warned that this was the third year of deficit spending by the MMS with a budget approaching one half million and the spectre of another dues increase.

Dr. Alexander A. Levi, speaking on behalf of the Committee on Members' Insurance Programs, explained the apparently high premium rate for the Mass. Blue Cross-Blue Shield Group Plan for Physicians and Their Families by saying that the group used more of the expensive extended benefit services, namely, private duty nursing and mental hospital care. This usage of extended benefit services was two and a half times greater than by all other subscribers.

MALPRACTICE

The Council approved in principle the Committee on Professional Liability's 10 recommendations and referred them back to the latter for further exploration and continued action. The Committee recommended:

"(1) that the Committee on State and National Legislation continue to file new and re-file previously defeated legislation designed to lessen the malpractice burden on the health care professionals and facilities.

(2) that a Joint Medicolegal Malpractice (Screening) Board or Commission be established by statute (improving on the states' statutes), or be organized under the Massachusetts Administrative Procedure Act.

(3) that in the event recommendation 2 (above) fails to reach fruition, application be made to the Supreme Juducial Court requesting adoption of a joint

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medicolegal screening committee as a rule of court (improving on the Pima County Plan, Arizona).

(4) that the arbitration board idea be investigated concurrently with the above. (The American Arbitration Association has consented to aid the MMS in this endeavor and Massachusetts statute (MGL Chapter 251) already permits implementation under the Uniform Arbitration Act.)

(5) that all members of the MMS be required to notify and submit, if requested to, information to the Secretary of the MMS relating to all claims or suits arising out of alleged malpractice regardless of final disposition. Such disclosures will be strictly confidential and is to serve only as a means of compiling statistics concerning the nature and frequency of malpractice risks in Massachusetts, whether or not real or merely apparent.

(6) that meetings be arranged between high-ranking executives of the insurance industry, the MMS and the Commissioner of Insurance for Massachusetts (following up on the national level meetings held in Washington, D.C. in November 1970). The purpose of such meetings is to ascertain what, if anything, the medical profession need to do ostensibly reduce malpractice risks in return for firm commitments of continued insurance availability and at reasonable costs.

(7) that group insurance proposals for members of the MMS receive continued study. Three such plans have been offered but are still very superficial offers. To date, the companies are: Professional Economic Services (N.Y.), Group Professional Liability of the Hartford Insurance Company via Johnson and Higgins (Mass.), and the Metropolitan Life Insurance Company via O'Brion, Russell and Company (Mass.).

(8) that there be greater utilization of the Joint Conference Committee (liaison with the Bar Association) in an all out effort to work with the legal profession

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as professional associates rather than as combatants, and to the best interest of public health, safety and welfare.

(9) that the Insurance Committee look into the matter of "hospitality stay" casualty insurance.

(10) that the services of the American College of Legal Medicine (which have been offered) be enlisted to guide and aid the efforts of the MMS in seeking equitable solution of the malpractice dilemma."

BLUE SHIELD

In matters pertaining to Blue Shield, the Council rescinded its vote of October 14, 1970, pertaining to the use of a single statewide geographical area for determining the level of usual and customary charges rather than multiple geographical subdivisions of the state. Under suspension of rules, Bristol South District Medical Society pressed for adoption of its resolution that every means be taken by the MMS to change the enabling act of Blue Shield pertaining to the payment for patient services to nonparticipating physicians. This resolution was similar to those introduced in the past by other district societies including the HDMS. Inspite of well expounded support, the resolution was voted down. Presumably this kills all of the other similar resolutions on which no action has been taken as yet. Hopefully, favorably revision of the Participating Physician's Agreement by the Blue Shield's Board of Directors with pressure from the Voting Members of the Corporation may salvage some of the intent of this resolution. Obviously, the MMS is not going to officially support Dr. James Allan's bill for changing the Blue Shield's enabling act to attain the same goal. Blue Shield certainly will not support the change and may even actively oppose same.

Dr. Donald R. Hayes' resolution to endorse Dr. Claude E. Welch for election to the position of President of the AMA at the latter's annual meeting in June was endorsed unanimously.

There being no further business, the Council adjourned at 3:45 P.M.

Ayres

MARK YOUR CALENDAR NOW!

HDMS Annual Meeting, April 27
HDMS Executive Committee Meetings, April 20 and May 18
MMS Council Meeting, Boston, May 26
MMS Annual Meeting, Boston, June 1-3
5th National Congress on the Socio-Economics of Health Care, Las Vegas, April 2-3
American Geriatric Society, Chicago, April 23-24
AMA Congress on Environmental Health-Solid Waste Management, New York, April 26-27
AMA Annual Meeting, Atlantic City, June 20-24

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HAMPDEN CAPSULES

Dr. Frederick S. Hopkins was cited recently at Springfield Hospital Medical Center for 50 years service; Dr. Paul M. Ashton, for 35 years; Dr. Nelson Newmark, for 35 years.

Dr. David Hirsch, is Chairman of the Adult Education Committee at the Temple Beth El's Omnibus Jewish Personalities Series program held recently.

Dr. Lorne C. Smith gave the message "Stop Smoking and Stop Now" to a capacity audience during a series of "Smoking Withdrawal Clinics" held for three consecutive Tuesday evenings at Holyoke Hospital.

Dr. Flatow has been given consulting privileges in internal medicine, hematology, and oncology at the Noble Hospital in Westfield.

Dr. Dotolo has been named a member of the Board of Directors of the Western Chapter of the Massachusetts Heart Association.

Dr. H. Bernard Tillman was named President of the Northeast Region of the American Association for Clinical Immunology and Allergy.

Dr. Booker spoke recently at the Kiwanis Club on "Abortions".

Dr. Lawrence A. Putnam was given a testimonial dinner honoring him for his 40 years of service at Holyoke Hospital.

Dr. Turner announced the formation of a new ad hoc committee charged with studying Health Maintenance Organizations and Foundations for Medical Care. Members of this committee are Dr. Simpson, Chairman, and Drs. Hayes, Stoler, Mozden, Sigsbee and Bandeian (ex-officio).

Dr. Miner has been named Director of the Springfield Hospital Medical Center's Emergency Room Service.

Dr. DeLaurentis was a guest speaker at the American College of Surgeons Conference in Puerto Rico.

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OMISSION

To the Editor:

In the January, 1971 issue of *The Hampden Hippocrat* I noticed an oversight, which I know you'll be able to correct. On page 24 under the new members section, in the description of Dr. Martins-Vincente's background and training, the 12 months that he spent in vascular-surgical fellowship at the Springfield Hospital Medical Center was not mentioned. In discussing this with Dr. Vincente, it was apparent that he was disturbed by the fact that this portion of his training had been omitted. We are very proud of our Surgical Residence and Fellowship Program, and we work long hours trying to pass on to other young physicians what we know. Consequently, I'm sure that you will try to rectify this omission in the next issue.

We thank you for your cooperation. With warmest regards.

Sincerely yours,

D. A. DeLaurentis, M.D.
Surgeon-in-Chief

CENTER FOR PRENATAL DIAGNOSIS

To the Editor:

At least five in every hundred children are found to have some serious form of mental retardation, birth defect, or fatal genetic disease. For an increasing number of inherited disorders, it has recently become possible to determine *early in pregnancy* if the child will or will not be affected. In this way we are now able to assure that more and more children are normal and healthy from birth onwards.

We are writing to you now because in your practice you may have patients for whom amniocentesis for prenatal diagnosis could be very helpful. Numerically the most common disorders that can be diagnosed in utero are the chromosomal abnormalities such as mongolism. It is important to realize that for most chromosomal abnormalities the risk of having an affected child increases with maternal age. Thus women 35 or older constitute 13.5% of all pregnancies, but give birth to over 50% of all children with mongolism. Women pregnant at age 40-44 have about a 1/80 risk of having a child with mongolism and an overall risk of about 1/40 of having a child with any serious chromosomal abnormality.

Fetal sex can also be reliably determined from amniotic fluid studies. This information is especially pertinent to mothers who are known or possible carriers of sex-linked disorders such as hemophilia or muscular dystrophy.

Certain less common metabolic disorders can also be diagnosed prenatally. These include Tay-Sachs disease, Metachromatic Leukodystrophy, Gaucher's disease, Niemann-Pick disease, Glycogen Storage disease, Gargoylism, certain amino acid disorders, and many others. Thus when a child with one of the diagnosable disorders has been born in a family the parents or their close relatives should be aware that amniocentesis in subsequent pregnancies can be used to determine whether the fetus is affected or not. It is also possible to determine the carrier state in the parents for many of these diseases *prior to any pregnancy.*

A Prenatal Genetics Unit has been

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established at the Walter E. Fernald State School in Waltham. In April, 1970 the Commissioner of Mental Health designated this diagnostic laboratory as a central facility which can serve any physician in Massachusetts. Sterile amniotic fluid samples collected in special containers are now accepted, free of charge, after prior arrangement with Dr. Aubrey Milunsky, who is the geneticist in charge of the Unit. Further information can be obtained by writing or calling him at 893-4909.

Sincerely,

Milton Greenblatt, M.D.
Commissioner
Department of Mental Health

Alfred L. Frechette, M.D.
Commissioner
Department of Public Health

HOPE

To the Editor:

May I call to the attention of your readers the need for rotating physicians for the program with the shore-based HOPE program on the Navajo Indian Reservation in Ganado, Arizona. There is a definite need for pediatricians, general practitioners who can do some surgery and obstetrics, and general surgeons who would be willing to help in general medicine clinic. There is also a need from time to time for obstetricians and, in fact, for those in all specialities subject to their willingness to literally pitch in and help. The period of rotation is preferably two months, although because of the domestic location one month would be acceptable. Housing and transportation are provided.

Currently, there is a staff of three full-time physicians at Ganado, as well as a large number of nursing and technical personnel who are engaged in a dramatic experiment in both social improvement and comprehensive health care delivery to the Navajo. This is the second year of this operation and the motivation is to turn over this hospital and its supporting facilities to the Navajo within a period of five years. Of the staff of 101, sixty-seven are already fully trained Navajo in the fields of nursing aides. nursing assistants, business management, record room librarian, technologists, etc. In addition, together with the Navajo Community College, the first nursing school in the United States was opened which is devoted entirely to the training of Indians for nursing careers.

If anyone is interested, he or she should get in touch with Dr. William B. Walsh at the People-to-People Health Foundation, Inc. 2233 Wisconsin Ave., N.W., Washington, D.C. 20007.

Edward J. Manwell, M.D.
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